

Innovative Practice

Expecting the Best

Expecting the Best is a collaborative effort between the North Carolina Community College System, the Division of Public Health in the North Carolina Department of Health and Human Services, Coastal AHEC, and the North Carolina March of Dimes. The program is designed to teach adults about health and wellness through English as a Second Language (ESL) classes administered by the Community College. Classes focus on health care, nutrition, and exercise and fitness, and are intended to improve health literacy, functional literacy, and communication skills. The program was piloted at Cape Fear Community College and Centro Latino in Wilmington in the fall, 2002. The Community College System plans to offer this curriculum statewide by 2004.

THE GENERAL PROBLEM OF HEALTH LITERACY IN AMERICA

The problem of health literacy is not confined to the Latino population. Low reading levels are a major concern for the larger US population as a whole. The National Adult Literacy Survey, which provides the best national portrait of the literacy capacity of the population, estimates that 22% of the total population score at the lowest level (Level 1) and are unable to perform such tasks as to identify the expiration date on their personal driver's license or to read and understand the front page of a major newspaper. Thirty-two percent have difficulties interpreting and using a local bus schedule. Another 27% have difficulty distinguishing between the price of two items on the grocery store shelf. Forty percent of Americans are unable to understand the information and warnings contained on a common prescription bottle label. The consequences of low literacy in relation to health and health care can mean that, despite the availability of personal health care services, both the awareness of such availability and the effectiveness of services received can be significantly reduced (if not eliminated).¹

The increasing complexity of health care information and the shift of a greater responsibility onto the patient to participate in health care decision making and manage their own diseases has meant that these health literacy problems have become much more daunting. Parker has shown how the situation has changed in 25 years with regard to the seemingly straightforward management of a patient with asthma.

"Consider the task we set for a newly diagnosed asthmatic today, and compare that situation to the same situation 25 years ago. In 1975, a newly diagnosed asthmatic would see the doctor, get a prescription for theophylline, be told how to take the pills, and be instructed to comply with follow-up. Today, in a clinical encounter likely to be much shorter than a 1975 encounter, the patient would be instructed in the use of multiple meters and inhalers that function differently, and the taking of different dosages of medication. The patient would be shown how to monitor his or her asthma, and how to keep records. Patients are shown how to take different doses of steroids for flares, how to avoid mental triggers, how to use - but not to overuse - the emergency room, their primary care physician, and their subspecialist. Altogether, asthma management today is much more complex, much more technologically sophisticated and has become very challenging to be a patient."²

The complexity of today's health care system is compounded for Latinos who cannot speak English well, or who may not have access to health care providers who speak Spanish. This is a prescription for system failure, and ultimately a situation of extremely high health risk.

THE SERIOUSNESS OF THE HEALTH LITERACY PROBLEM AMONG LATINOS

Even ignoring the problem of language and cultural differences that may increase the seriousness of these problems for Latinos, we are becoming aware of the fact that as many as 50 percent of our US population (of any race or ethnic group) simply cannot participate at an effective level in the communication